Miss Howland Alumnae

New England Deaconess Hospital
Boston, Massachusetts

pulse

VOLUME 29 – NUMBER 11 SEPTEMBER 1976

Kresge Foundation awards NEDH $100,000 grant

Audrey K. Kennedy Hall, New England Deaconess Hospital's new School of Nursing

The Kresge Foundation of Troy, Michigan has recently awarded a $100,000 challenge grant to the New England Deaconess Hospital to be used toward the new School of Nursing building, which will be occupied this month.

The Kresge Foundation provides grants primarily for building construction or renovation projects to institutions involved in higher education, hospitals, health-related services, welfare and the arts.

The New England Deaconess Hospital School of Nursing, which recently held its 78th graduation, is fully accredited by the National League for Nursing and is affiliated with Northeastern University. Over the years the School has gained a national reputation for excellence among diploma nursing schools. In state board examinations for registered nurses its graduates consistently score above the state and national mean. Last July, of the 60 nursing schools of all types in Massachusetts, this School ranked first in medicine and surgery, third in obstetrics, sixth in pediatrics, and ninth in psychiatry.

Cardiac arrest!

Heart attack! It can come without warning and kill swiftly. An elderly man was stricken with a heart attack with an immediate cardiac arrest in the Lowry building garage the afternoon of July 14, but quick action and available equipment brought him a better fate.

He had accompanied his daughter on a visit to a physician in the R. D. Lowry Medical Office Building. After the appointment they returned to their car and, as they were leaving the garage, the man slumped over in his seat.

Kevin Murray, cashier in the parking garage, gave the man mouth to mouth resuscitation as his co-worker called the security department to report the incident.

The code team – first, second, and third year residents, a nurse from ICU or CCU, IV nurse, respiratory therapist, ECG technician, and a resident from the surgical or anesthesia team – arrived on the scene within minutes after hearing the Mayday.

They administered cardiopulmonary resuscitation (CPR) immediately. Norman Ferdinand, motel manager, brought the crash cart, which had been placed on the first floor level of the Lowry building last year for just such an emergency. This was the first time it had been used.

Maydays happen at the Deaconess all the time, where the well-prepared code team can reach the incident quickly. But the incident at 110 Francis Street, close as it is to the hospital, could have been too far for a cardiac arrest victim to survive had not Kevin Murray started mouth to mouth resuscitation immediately, had not the code team arrived within minutes, had not the hospital taken the precaution of keeping a crash cart in the Lowry building.

Kevin Murray had just taken a lifesaving course at the YMCA. This was his first chance to apply what he had learned. When the man slumped in his seat, Kevin felt the man's pulse and noticed it was absent and that his face was blue. Kevin realized he was having a cardiac arrest and started to resuscitate him. When the code team arrived, Kevin returned to his job.

"CPR was able to sustain the cardiac output until the equipment arrived and the IV was set up. When the patient's heartbeat returned, he was put on a stretcher and taken directly to CCU, where he was evaluated and stabilized further. He is presently doing well," said Dr. Laurence Cignoli, chief medical resident, who was at the incident. "That man is alive today because the team knew their job. CPR was started correctly and right away. This is what saved him."

Mr. Anderson named assistant chaplain

The Rev. Raymond Anderson has been named assistant chaplain. His presence will enlarge the pastoral care to patients and their families as well as to employees of the Deaconess. He joins Chaplain Martin E. Cernek, Associate Chaplain Frederick W. Schuster, and Assistant Chaplain Charles W. Kessler in the department of pastoral care.

Raymond Anderson

A graduate of the University of Maine in Orono and the Bangor Theological Seminary, Mr. Anderson received his clinical training at the Bangor Mental Health Institute and Bangor Community Counseling Center, Bangor, Maine.

He has been a parish minister for the Howland United Methodist Church and the Mattawamkeag United Methodist Church in Maine for the past three years.

Mr. Anderson was ordained as an elder in the United Methodist Church in June, and is currently a member of the United Methodist Conference of Maine. While living in Maine, he was very active in church and community affairs as northern district mission secretary for the United Methodist Church and as a member of the board of directors for vocational education and the school committee in the town of Howland. He also served on the boards of Church and Society, Board of Global Ministries, and the Marriage and Family Life Committee of the United Methodist Church.

Mr. Anderson and his wife Virginia live in Watertown with their children Heather, 5, and Thatcher, 3.

Deaconess awarded TB contract

The New England Deaconess Hospital has received a one-year contract from the Massachusetts Department of Public Health to provide surgical inpatient tuberculosis control services to tuberculosis patients.

The state awards contracts to selected hospitals in all six of the Massachusetts health regions to provide medical care, treatment, and preventive measures for tuberculosis patients in need of care.

Cryosurgery becomes a weapon in the fight against cancer

Cryosurgery is an important adjunctive weapon with surgery and radiation therapy in the fight against certain types of cancers of the head and neck. With the application of liquid nitrogen directly to the tumor, cancer cells are frozen and destroyed. The procedure is fast, painless, and effective. Once used mostly for palliation (ease of pain) of advanced cancer, cryosurgery is now used more and more often for primary treatment of head and neck cancers and some other areas of the body.

Cryosurgery as a technique is not new. The therapeutic application of local cold dates back to the use of cold compresses in the treatment of compound skull fractures and infected wounds of the chest as early as 2500 B.C. Over the past 70 years dermatologists have found it to be effective in treating lesions of the skin.

Gynecologists, such as Dr. Bartlett H. Stone, use cryosurgery in the treatment of dysplasia (atypical differentiation of cells) of the cervix and chronic cervicitis (a chronic inflammation of the cervix).

Dr. Lloyd M. Aiello, ophthalmology, NEDH and Joslin Clinic, uses a cryoprobe in cataract extractions, to repair a hole in the retina, to treat hemorrhagic glaucoma, and in closing the incision in the eye made during a vitrectomy.

"I was looking for an alternative to scalpel surgery and radiation therapy when they could no longer be used (in treating cancer). I saw that cryosurgery could be useful in many patients with head and neck cancer," said Dr. Daniel Miller, otolaryngologist.

Radical surgery and radiation therapy proved effective in treating cancers of the head and neck, but surgery often necessitated cosmetic deformities and reconstructive procedures are then instituted. Full course radiation therapy cannot be repeated if the tumor recurs in the same area. To its advantage cryosurgery can destroy some tumors without producing significant deformity and can be used repeatedly even if the tumor recurs in the same location.

"Initial trial with the cryosurgical equipment was directed, for the most part, at palliation of symptoms and signs of advanced cancer," said Dr. Miller. "Its major purpose was to eliminate bulky obstructive tumor, reduce or eliminate pain, help reduce dysphagia (difficulty in swallowing), eliminate odor, and, on occasion, reduce airway obstruction, and finally, of great importance, to give some hope to patients that something more could be done for them when all other methods had failed."

Palliation was not only achieved, but, in many cases, cryosurgery also brought cure. Cryosurgery has been used to cure carcinomas of the nasal cavity, lip, palate, tongue, larynx, skin of the face, and neoplasms of the oral cavity and middle and external ear. When a cure has not been possible, cryosurgery has brought relief from pain and discomfort to many cancer patients.

Over the past ten years Dr. Miller has used cryosurgery in 1500 patients. By using cryosurgery to treat carcinomas of the tongue and the floor of the mouth after radiation therapy or surgical failure, Dr. Miller has been able to avoid more radical procedures in some elderly patients.

Cryosurgery has been effective in the treatment of malignant tumors of the ear. Patients with cancer who have had surgery and radiation therapy with failure and who were taking morphine to relieve pain were treated using liquid nitrogen. Four out of six such patients with middle ear cancer have been free of disease, the longest over five years. In cases where the cancer has become too advanced, cryosurgery has been used repeatedly for palliation.

In patients who have cancer at the tip of the nose, cryosurgery has prevented the need for deforming surgery, such as subtotal resection of the nose. After cryosurgery, only depigmentation of the skin betrays where cancer has been. Should the cancer recur in nearby areas of the nose, Dr. Miller can apply cryosurgery to the nose again.

Cryosurgery takes less time and is often less of a procedure than conventional surgery. In many cases, as in the case of patients with cancer of the external nose, only local anesthesia is necessary, often as an outpatient procedure. The length of hospitalization is much shorter in those patients requiring general anesthesia thereby reducing hospital bills.

The theory behind cryosurgery is that all tissues are heat-sinks. The application of intense cold in the form of liquid nitrogen, Freon, or carbon dioxide, serves as a heat extractor, destroying that tissue in which the temperature level reaches −20°C or below. The thawing process destroys as much as the freezing process.

Dr. Miller uses liquid nitrogen in either an open spray or closed cryoprobe, depending on the tumor. The spray penetrates much deeper and faster, but the closed cryoprobe is more precise. For the technique to be effective as a destructive force, the temperature of the tissue in the cryosite must reach −20°C or less.

When the cryoprobe or cryospray freezes the tumor, an ice ball forms and gradually thaws. Following the freeze there is sharp delineation of the surrounding tissue. The cryosite swells with blisters about the gangrenous area produced by the freeze. Usually when the dead tissue of the cryosite forms a crust after a week, it can be removed mechanically leaving a clean base that heals slowly. New covering tissue will eventually occur if the cryolesion was in the oral cavity, larynx, or skin.

When cryosurgery is applied in the form of the liquid nitrogen spray, the non-target area of tissue is protected by a covering of eight-ply petrolatum impregnated gauze. If the cryoprobe is used, only the tissue that might be touched with the instrument as it passes to the target needs to be protected by the same covering or styrofoam.

The fast freeze and fast thaw produced by cryosurgery kills the cells of the tumor by disrupting their inner chemical workings. In addition to destroying the tumor, cryosurgery also affects the normal tissues depending on the heat and fluid content of these tissues of the target site.

Large blood vessels are not destroyed with the application of the liquid nitrogen because of the warmth of the blood passing through them. Smaller vessels such as capillaries, veins, and small arteries are readily destroyed. Bone acts as a barrier for short sprays of liquid nitrogen, but mucous membrane, periosteum, cartilage, and muscle are easily and readily destroyed.

Sensory nerves concerned with pain located adjacent to the tumor are destroyed almost on contact with the freezing liquid nitrogen making this technique valuable for relief of pain even if the site has already had radiation therapy or radical surgery. It relieves pain, even when it is not possible for a cure. However, pain is not eliminated if the nerve pathways are far from the site of the cryolesion.

"It is especially helpful in elderly people for primary lesions or in residual lesions that have not been eliminated with radiation therapy or radical surgical resection. Oftentimes, more extensive surgery can be avoided in the elderly patients or in patients with poor medical status by the local application of cryosurgery to the primary lesion," said Dr. Miller. "It is important to note that radiation when given in a full course cannot be safely used once again in a second course for the recurrent lesion. Therefore, cryosurgery may be the best follow-up modality available for post-radiation failures since it can be used repetitively."

Cryosurgery is now one of the important modalities along with scalpel surgery, radiation therapy, and chemotherapy in the treatment of cancer. It has been used successfully as a support of the other modalities or as a primary method of treatment for many carefully chosen smaller cancers of the head and neck. Unlike radiation therapy, cryosurgery can be used over and over again at the same site to treat recurring tumors. Cryosurgery may reduce the need for plastic and reconstructive surgery, particularly in lesions of the face. In addition to providing palliation where cure is not possible, the postoperative discomfort is minimal. Among the weapons the oncologist uses to fight cancer, cryosurgery is increasing in value as a support or, in some cases, replacement for the more traditional methods of battling cancer.

Color captivates hospital

Color has transformed the tunnels from bleak underground passageways into vibrant corridors of discovery. Enter the basement of the Baker building and see rust. Turn the corner and see raspberry.

Go down the tunnel toward the Meissner Laboratory and pass pipes wearing coats of green, blue, and orange, color coded according to their function as electricity, chill water, steam, or fire lines. They haven't been hidden, but highlighted.

In the tunnel below the Meissner Laboratory is a bold and bright directory system that clearly points the way to Harris Hall, the Lowry building, or anywhere else an employee, patient, or visitor may want to go.

The splash of color and dash of design is an example of a new system of signage for public institutions that is colorful, yet practical. Graphic Designer Coco Raynes, who developed the concept, has been hired by the Deaconess to create a system of graphics and directional signs for the hospital complex that is both functional and decorative. Associate Director Ellen Adams and Marjorie LeBeau, director of administrative services, are coordinating the program with Coco Raynes.

The tunnels are just the start of what is to come. Over the next few months directory signage will be prepared for each floor. The graphics and signs for the tunnels, buildings, and floors will be consistent to insure continuity throughout the hospital.

Painters Dino Fantegrossi (l.) and Ed Veisbergs, NEDH maintenance and engineering, are carrying out a colorful assignment.

The purpose of this new system is to direct traffic circulation and create a warmer and more cheerful environment for the hospital. According to Dino Fantegrossi and Ed Veisbergs, painters from NEDH maintenance and engineering who are carrying out the project, the program has succeeded. Everyone who passes by them as they work has commented on the art work and color selection.

"This is the first time people have talked to us. Before they treated us like we had swine influenza, but now everyone knows us as the fun-loving painters we are," said Dino.

Janice Anderson Corcoran, Eleanor Jackson Enos, Donna Ramsay Theurer, and Beth Bangs McCabe (l. - r.), members of the class of '59, exchange news at the reception in Harris Hall during Alumnae Day 1975.

Alumnae news briefs

MARRIED

Gretchen C. Holmes, '72, to Jerry Titus.

Lorraine Rhodes, '72, to Donald S. Fournier.

Shirley J. Denis, '75, to William D. Tierney.

Louise C. Poirier, '75, to Paul E. Bugeau.

Margery E. Rose, '76, to Robert E. Condon.

BIRTHS

Noelle Beaudet Foye, '74, a daughter, Clare Grace, born April 27, 1976.

SYMPATHY

Gwen Matchett Muldoon, '42, on the death of her mother.

Diana Knowles, '65, on the death of her father.

DEATHS

Ethel Whiteside, '33, in May, 1976.

Class of '36 has reunion

Ten members of the class of '36 held a reunion on June 18. The women toured the hospital after exchanging information on the past 40 years at a coffee and punch reception at Harris Hall. Dinner was held at the Marriott in Newton.

Doctors doings...

Dr. Joseph K. Hurd, gynecology, NEDH and Lahey Clinic, discussed classification of ovarian tumors at the Third International Congress on Prevention and Detection of Cancer in New York City on April 28. He was elected to the West Metro Advisory Council of Health Service Area IV of the Health Planning Council for Greater Boston, Inc.

* * *

Dr. Daniel Miller, otolaryngology, has been named president-elect of the American Laryngological, Rhinological, and Otological Society. He expects to take office in May next year, when the national meeting of the Society takes place. Dr. Miller, who recently completed his term of office as president of the New England Otolaryngological Society is serving on the Council of the American Society for Head and Neck Surgery, following completion of his term as president of that society.

* * *

Dr. Victor M. Rosenoer, gastroenterology, NEDH and Lahey Clinic, gave seminars and lectures on the subject "Albumin Synthesis and the Amino Acid Supply" at the Guy's Hospital and University College Hospital in London on June 21-23.

* * *

Dr. Fred F. Whitcomb, Jr., gastroenterology, NEDH and Lahey Clinic, took his exhibit on peritoneoscopy to the Third International Symposium on the Detection and Prevention of Cancer held in New York City on April 25-29. He was elected a member of the committee on continuing medical education of the Massachusetts Medical Society in June.

* * *

Dr. Francis G. Wolfort, plastic surgery, has been named director of surgical services at the Cambridge Hospital, a hospital affiliated with the New England Deaconess Hospital-Harvard Surgical Service.

Miss Terkelsen retires from business office

Betty Terkelsen, manager of the business office, retired on July 30 after 43 years with the Deaconess. She was honored at a dinner at Valle's by her friends and associates in accounting and administration.

After Director Richard E. Lee gave a champagne toast to Miss Terkelsen, she was presented with a Hummel and a money tree in appreciation of her dedication to the hospital.

Alumnae notations

Nancy Poland Wegman, '48 . . . "am now a resident at Potomac Valley Nursing Home, 1235 Potomac Valley Rd., Rockville, Md. 20850, and would appreciate news from friends. After a rough winter, I am doing pretty well."

Alumnae Day November 6

Alumnae Day should be extra special this year. Please plan to attend on November 6. The program part of the meeting will be an historical review combined with much that is new and exciting.

The new school of nursing facility, Audrey K. Kennedy Hall, will be open, and as part of the day's activities, there will be guided tours through the school building as well as through the new William A. Meissner Laboratory and the Howard F. Root Wing of the Joslin Diabetes Foundation.

There will be a coffee hour at the new school and a luncheon at the Harvard Club.

Although you will receive an invitation to the formal dedication of Audrey K. Kennedy Hall on October 24, you may prefer seeing the school on Alumnae Day when more extensive and personal tours will be given.

More information will be coming on both events.

Nancy Hilton Delmege, Barbara Gregory Brothis, and Adrienne Pellegrini Newton (l. - r.), members of the class of '55, have an animated discussion during the Seventh Annual Alumnae Day.

Sue Pennington Ford, '55 . . . "recently received an M.A. in adult technical education from the University of Southern Florida. I am working as an instructor with emergency medical technicians. My daughter Kathy went to Romania as a member of the youth symphony and toured the country for three weeks. I went along and did a graduate paper on emergency personnel training programs in that country."

Marilyn Nickerson Wallace, '56 . . . "Bill and I have completed our third term in Liberia, and returned to the U.S. in June. Bill III is planning to attend college in the fall, Susan and Sandra are growing, and we feel it is time to become part of American life for a while."

Linda Mann Kennedy, '59 . . . "currently enrolled in the Ph.D. program in physiological psychology at Harvard University." She is the first continuing education alumnae from Simmons College to receive the annual Alumnae Academic Achievement Award, after presenting a paper on her thesis work at the fourth annual meeting of the Society for Neuroscience in St. Louis, Mo., in October, 1974, and again at the 30th annual Intercollegiate Psychology Conference at Mt. Holyoke College in April, 1975.

Nancy Buttons Krokosky, '60 . . . "this summer I am attending school to get two of three courses needed for a certificate as a physician's assistant."

Joan Bednarz Kliska, '67 . . . "we have a son, Jeffrey John born in June, 1975, and a daughter, Jennifer Robin, age 4."

Bonnie Evans MacAleese, '67 . . . "our most recent move is to Montgomery, Alabama, where my husband was appointed program director of the counselor education program at Troy State University's branch at Craig Air Force Base. I'm now completing my BSN and expecting our first child any day now."

Marcia L. Stone, '71 . . . "I've been promoted to the rank of captain by the U.S. Air Force. I've been serving at Weisbaden AB, Germany, as a staff nurse."

A few members of the class of 1942 had a get-together at the Seventh Annual Alumnae Day on November 1, 1975. They are: (l. - r.) Sally Smith Fredette, Winifred Anderson Carpenter, Helen Chase Potthoff, Thelma Webster Smith, Janie Christie Chapman, and Priscilla Archibald.

Employees in action . . .

Bill Baker, assistant in administration, has been accepted to Oxford University, England. He will enroll in September, 1976.

Margaret A. Burns, R.N., director of surgical services, was recently installed as president of the Association of Operating Room Nurses, Massachusetts Chapter 1. This chapter is the second largest in the country and is a branch of the national A.O.R.N., Inc. which works for the improvement of patient care in the operating room and the continuing education of O.R. nurses.

John J. Markarian, Jr., director of the NEDH School of Nursing glee club, received the 1976 Distinguished Service Award in Music Education by the Massachusetts Music Educators Association.

Maruditsa Y. Mitsiu, MT (ASCP)SBB, was given the Medical Technologist of the Year Award at the annual convention of the Massachusetts Association of Blood Banks on May 22 in Framingham.

Philip Moore, R.N., IV Therapy, was elected treasurer of the National Intravenous Therapy Association at its fourth annual meeting on May 23-27 in Boston. Among the 400 IV therapists who attended from throughout the country were 22 from the Deaconess. The program covered hyperalimentation, infection control, thromboembolism, malpractice, abortion, blood component therapy, and chemotherapy. F. Lee Bailey, Esq., Dr. Kenneth Edelin, and Dr. Charles Huggins were among the guest speakers.

Nancy Rizzo, R.P.T., chairman of physical therapy, discussed "Promoting Change in Physical Therapy Practice" at the annual meeting of the American Physical Therapy Association in New Orleans on June 29.

Joyce B. Tower, R.D., dietitian, co-authored the article "Development of a Rating Scale to Measure Learning in Clinical Dietetics" published in the May 1976 issue of the *Journal of the American Dietetic Association.*

The Deaconess softball team, a member of the Greater Boston Hospital Softball League, has finished its season in second place in division 2, with a record of 13 wins, 7 losses. The team from Massachusetts General Hospital has captured first place. Earlier this summer four players from the Deaconess played in the league's annual all-star game on July 9. The proceeds from the game went to the heart fund. Gene Samborsky, pharmacy, was voted most valuable player, and is pictured above taking batting practice.

Clare Shruhan

Mrs. Shruhan retires from medical technology

Clare Shruhan was the guest of honor at a dinner at the Top of the Hub on June 22. After 22 years at the Deaconess Mrs. Shruhan was retiring, and her friends from the laboratory, administration, and throughout the hospital gathered to wish her well. Dinner began with a poetic toast complimenting her personal and professional achievements. It ended with the presentation of a mantel clock.

Mrs. Shruhan joined the Deaconess in 1954 as a medical technologist, soon becoming supervisor of the chemistry laboratory. In 1960 she was promoted to chief medical technologist of the clinical laboratories. She retired as interinstitutional educational coordinator of the NEDH-NEBH-Northeastern University Program in Medical Technology, a position she has held since 1974.

Since the medical technology program began in 1960, Mrs. Shruhan has been its coordinator at the Deaconess, planning and teaching courses.

During her career Mrs. Shruhan has done special chemistry studies with Dr. Bradley E. Copeland, director of clinical pathology. When the Meissner Laboratory was in its planning stages, Mrs. Shruhan was involved in the decision making process.

Originally from St. Paul, Minnesota, Mrs. Shruhan received her B.A. from St. Catherine's College and did her medical technology training at Ancker Hospital in that city. She came to St. Elizabeth's Hospital for five years as a medical technologist. After interrupting her career to have three children, Mercedes, Clare, and Michael, Mrs. Shruhan joined the Deaconess 22 years ago.

"I've seen the laboratory grow tremendously," reminisced Mrs. Shruhan. The number of personnel has tripled since 1954, with the laboratories providing regular and emergency patient service 24 hours a day, 365 days per year. She has seen the introduction and expansion of automated methods which are related to specific reference methods which the laboratory has maintained from year to year as a consistent reference point.

After setting and following schedules for 22 years, Mrs. Shruhan plans to have no schedule for retirement. She wants to be free to see friends when they call.

Her plans include travel to visit family, most of whom live in Minnesota. She's also looking forward to a trip to Hawaii this winter.

"I think I'll be busy," said Mrs. Shruhan with a big smile.

New England Deaconess Hospital
185 Pilgrim Road
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pulse

The New England Deaconess Hospital is a 471-bed and 16-building complex. Physicians from the Joslin Clinic, the Lahey Clinic, Overholt Thoracic Clinic and the independent medical and surgical staffs serve the needs of their patients at the hospital. The Deaconess is internationally known for diagnosis, treatment and research in brain and chest surgery, cancer, diabetes and general medicine, and is affiliated with Harvard Medical School.

PULSE is published monthly by the public relations department of the New England Deaconess Hospital.

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